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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/747,041	12/22/2000	2166	1330	GEMS:0122/yod 15-EC-5773	5	50	4

CONFIRMATION NO. 4693

## FILING RECEIPT



\*OC000000005780997\*

Patrick S. Yoder  
Suite 330  
7915 FM 1960 West  
Houston, TX 77070

Date Mailed: 02/20/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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FEB 26 2001

Fletcher, Yoder &amp; Van Someren

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 02/02/2001

Projected Publication Date: 06/27/2002

Non-Publication Request: No

Early Publication Request: No

Title



Web-Based Medical Diagnostic System Financial  
Operation Planning System and Method

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Bib Data Sheet

CONFIRMATION NO. 4693

<b>SERIAL NUMBER</b> 09/747,041	<b>FILING DATE</b> 12/22/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> GEMS:0122/yod 15- EC-5773
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**APPLICANTS**

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 Douglas E. Stern, Waukesha, WI;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

Web-based medical diagnostic system financial operation planning system and method

<b>FILING FEE RECEIVED</b> 1330	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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